

CLAIM FORM

**Must be postmarked
no later than
October 28, 2016.**

**LAMPKIN v. CITY OF JENNINGS SETTLEMENT
C/O DAHL ADMINISTRATION
PO BOX 3614
MINNEAPOLIS MN 55403-0614
Toll-Free: 1-866-918-0079
Website: www.JenningsWarrantFeeSettlement.com**

This Claim Form has multiple pages. All Sections of the Claim Form must be completed.

INSTRUCTIONS

1. Please complete all 3 sections of the Claim Form. You must submit all of the required information in order to have a valid claim. Please return a Claim Form if you think that you have a claim. Returning a Claim Form is the only way to receive a cash payment and potential fine or cost forgiveness from this settlement. **No claimant may submit more than one Claim Form.**
2. Sign and date the declaration in Section 3 below.
3. Return your signed and completed Claim Form postmarked by **October 28, 2016** to:
 - By Mail: Jennings Warrant Fee Settlement
c/o Dahl Administration
PO Box 3614
Minneapolis, MN 55403-0614
 - By Email: info@JenningsWarrantFeeSettlement.com
4. QUESTIONS? Visit the settlement website at www.JenningsWarrantFeeSettlement.com or call 1-866-918-0079.

SECTION 1: CLASS MEMBER INFORMATION

Please provide your name and address below **(REQUIRED)**:

[Redacted name input field]

FIRST AND LAST NAME

[Redacted mailing address input field]

MAILING ADDRESS

[Redacted city input field]

CITY

[Redacted state input field]

STATE

[Redacted zip code input field]

ZIP CODE

Please provide your phone number(s) and email address below **(REQUIRED)**:

[Redacted daytime phone number input field]

DAYTIME PHONE NUMBER

[Redacted daytime phone number input field]

[Redacted daytime phone number input field]

[Redacted evening phone number input field]

EVENING PHONE NUMBER

[Redacted evening phone number input field]

[Redacted email address input field]

[Redacted email address input field]

EMAIL ADDRESS

QUESTIONS? Visit the settlement website at www.JenningsWarrantFeeSettlement.com or call 1-866-918-0079.

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SECTION 2: CLASS MEMBERSHIP INFORMATION

Please respond YES or NO to the statement below (REQUIRED) :		
Between December 8, 2009 and August 29, 2016 did you pay one or more \$35.00 Warrant Fees to the municipal court of the City of Jennings?	<input type="radio"/> YES	<input type="radio"/> NO

SECTION 3: DECLARATION

With my signature below I declare under penalty of perjury that the information in this Claim Form is true and correct to the best of my knowledge. **(REQUIRED)**

PRINT NAME					
SIGNATURE		DATE			

Note: The Settlement Administrator may request additional information if the Claim Form is insufficient to process your claim. Failure to provide any requested documentation may result in the denial of your claim and may limit the type of remedy you receive.

All Claim Forms must be postmarked by October 28, 2016 and mailed to:

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c/o Dahl Administration
PO Box 3614
Minneapolis, MN 55403-0614**

Or sent by email by October 28, 2016 to:

info@JenningsWarrantFeeSettlement.com